PATENT APPLICATION FEE DETERMINATION REGORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1)				(Colu	mn 2)	SMALL EI	OR	OTHER SMALL			
TOTAL CLAIMS							RATE	FEE	1	RATE	FEE
FOR			NUMBER I	ILED	NUMBI	ER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			l inin	us 20=	*	¥	X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mir	nus 3 =	*		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) ((Column 3)	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 36	Minus	** 6	20	= 16	X\$ 9=		OR	X\$18=	288.00
AME	Independent	* 3 NTATION OF MU	Minus	***	T CLAIM	= -	X42=		OR	X84=	
<u> </u>	TINOT FILESE	MIATION OF MIC)	LIVOLIV	I ODAINI		+140=		OR	+280=	
	0					•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	DAID
متعنيس	5	(Column 1)	e Vince de Competitut de la Comp		mn 2)	(Column 3)					•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE,	ADDI- TIONAL FEE
	Total	. 3]	Minus	** /	34	=	X\$ 9=	1	OR	X\$18=	
AME	Independent	* 3 NTATION OF MU	Minus	***	3	= /	X42=		OR	X84=	
L	FINST PRESE	INTATION OF IME		LNULN	CLAIM		+140=		OR	+280=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)		8	-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T () A () A	=	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	LNUEN	CLAIM		+140=	:	OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								OB	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PEST AVAMABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/942038

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THA	
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	/ 5 minus 20= *					X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	4 minus 3 = *					X40=		OR	X80=	84.
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							. !	TOTAL		OR	TOTAL	PRID
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER SMALL E	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL AU	=		X40=		OR	X80=	<i>3</i>) .
<u> </u>	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
					•			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AINA	=	↓	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JETIPLE DEF	CINDEIN	CLAIM		ן	+135=		OR	+270=	
						· · ·		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3))_				•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	,,,,,,	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	TIPLE DEPENDENT CLAIM			╽					<u>-</u> :
	If the entry in colu	mn 1 is less than t	he entry in coli	ımn 2. writ	te "0" in co	olumn 3.	į	+135=		OR	+270=	
**	If the "Highest Nu	mber Previously P	aid For" IN THI	IS SPACE	is less tha	an 20, enter "20		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											